

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1433  
Registrar's No. 324

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Major Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community 28 years  
years, months or days)

3. (a) PRINT FULL NAME Dr. Thomas P. Stafford

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace U. Stafford 6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased February 17 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 6 If less than one day hr. min.

9. Birthplace South Carolina (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Minister

12. Name William J. Stafford

13. Birthplace South Carolina (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jaudon

15. Birthplace South Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace H. Stafford  
(b) Address 815 East 30th St., Kansas City, Mo.

17. (a) Removal (b) Date thereof 1-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Knobmoster, Mo.

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 1-24-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 815 East 30th Street  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23rd  
year 1942 hour Two minute 40 M.

21. I hereby certify that I attended the deceased from Jan 18th  
1942 to Jan 23rd 1942  
that I last saw him alive on Jan 23rd 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 18 hr

Due to Cerebral Arteriosclerosis

Due to 836

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? —  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? — (Specify type of place) (e) Means of injury —

23. Signature Herman S. Mays (M. D. or other)  
Address 3100 Euclid Ave. Cmo Date signed 1/23/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm. S. 101  
8.15.82.0  
Rus

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Felix Remy*

Licensed Embalmer No..... *H.12*

P. O. Address..... *150 Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**